

CATEGORY "c" WASTE

this summary sheet to your submittal. Thank you.

COMPANY ADDRESS: _____

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Department of Environmental Protection
B.H.M.S.W.C. \ Non-Hazardous Waste Transporter
State House Station #17
Augusta, ME 04333

CATEGORY

C

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NONHAZARDOUS WASTE TRANSPORTER
MANIFESTNONHAZARDOUS WASTE TRANSPORTER
DECAL NUMBER - PUMPER

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GENERATOR (NAME) LOCATION OF TANK

WASTE TYPE

INTERMEDIATE TRANSPORTER

NAME _____

() SEPTAGE
() HOLDING TANK
() GREASE TRAP
() OTHER:

NAME _____

ADDRESS _____

DECAL NUMBER

--	--	--	--	--	--	--	--

TOWN _____ PHONE _____

DATE LOADED _____

PUMPER / TRANSPORTER

DISPOSAL FACILITY OR SITE

COMPANY
NAME _____CODE

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ADDRESS _____

NAME _____

TOWN _____ PHONE _____

LOCATION _____

QUANTITY LOADED _____

PHONE _____

DRIVER'S NAME _____

QUANTITY RECEIVED _____

By signing this manifest for I certify that the information
contained herein is true, correct, and accurate to the
best of my ability.

DATE RECEIVED _____

DRIVER'S SIGNATURE _____

OPERATOR'S NAME _____

DATE SIGNED _____

OPERATOR'S SIGNATURE _____

DATE SIGNED _____

See Instructions on the back of this form

OTHER INFORMATION

INSTRUCTIONS FOR CATEGORY C MANIFESTS

General Instructions: All entries must be legibly printed or typed.

Nonhazardous Waste Transporter Decal Number: This is the number that appears on your license and on the decal attached to your conveyance.

Generator: NAME and TOWN are required. TOWN refers to the municipality to which the Generator pays taxes.

Transporter: COMPANY NAME is required. If the decal number is filled in above, the address and phone number are optional. QUANTITY LOADED, DATE LOADED, and DRIVER'S NAME are required.

Waste Type: You must check one of the three types, or specify waste type of "other".

Intermediate Transporter: Complete this section only if the transporter is a company other than the company picking up the waste from the generator.

Disposal Facility: If facility CODE is known, enter the number. NAME and LOCATION are required, PHONE is optional. QUANTITY RECEIVED, DATE RECEIVED, and OPERATOR'S NAME must be filled in by the disposal facility operator.

SIGNATURE and **DATE SIGNED** must be completed by both transporter and disposal facility operator.

The top page of the manifest form should be kept for the transporter's records. THE SECOND PAGE OF THE MANIFEST MUST BE RETURNED TO THE DEP WITHIN FIFTEEN DAYS AFTER THE END OF EACH FISCAL QUARTER. (Manifests must be received by April 15, July 15, October 15, and January 15.)

Send manifests to:

DEP NHW Manifests
State House Station 17
Augusta, Maine 04333

Call (207) 287-2651 if you have any questions.